



Request for Adult Criminal History Information

ID Billing Number

Please type or print all information

SUBJECT of Request:

Last Name

First Name

M.I.

Date of Birth

Sex

Race

- ☐ Requesting **AGENCY**
- or -
☐ Requesting **INDIVIDUAL**
- or -
☐ **ADOPTION**

Name

Mailing Address (where this response will be sent – if mailed –
agency complete name)

ATTENTION:

Daytime Phone Number

LIMITED CRIMINAL HISTORY INFORMATION

Reason for Request

The cost is \$7.00 Mark an "X" in one box below for this request.

Certified check or money order must be enclosed if request is mailed.

Cash will be accepted only if request is in person.

- (1) ☐ Has applied for employment with a non-criminal justice organization or individual;
- (2) ☐ Has applied for a license and criminal history data as required by law to be provided in connection with the license;
- (3) ☐ Employment with a state or local governmental entity;
- (4) ☐ Is a candidate for public office or a public official;
- (5) ☐ Is in the process of being apprehended by a law enforcement agency;
- (6) ☐ Is placed under arrest for the alleged commission of a crime;
- (7) ☐ Has charged that his rights have been abused repeatedly by criminal justice agencies;
- (8) ☐ Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
- (9) ☐ Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency or a nonprofit corporation;
- (10) ☐ Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
- (11) ☐ Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in the school;
- (12) ☐ Is being investigated for welfare fraud by an investigator of the Division of Family and Children or a county office of family and children;
- (13) ☐ Is being sought by the parent locator service of the Child Support Bureau of the Division of Family and Children; or
- (14) ☐ Is or was required to register as a sex and violent offender under IC 5-2-12; or
- (15) ☐ Has been convicted of any of the following:
 - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
 - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
 - (C) Child molesting (IC 35-42-4-3).
 - (D) Child exploitation (IC 35-42-4-4(b)).

(continued on next page)

- (E) Possession of child pornography (IC 35-42-4-4(c).
- (F) Vicarious sexual gratification (IC 35-42-4-5).
- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.

NO FEE

Mark an "X" in one box below for this request.

PER IC 5-2-5-13

- A. ☐ Prospective adult volunteer for children (Copy of non-profit status enclosed).
- B. ☐ Home Health Agency (Copy of license has been issued and on file with Indiana State Police).
- C. ☐ Department of Public Welfare Day Care/Foster Home Licensing or license.
- D. ☐ School Corporation, Non-Public School or Special Education Cooperative (Kindergarten through Grade 12).
- E. ☐ Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29.

\$10.00 () Mark an (X) here for this request

FULL CRIMINAL HISTORY

Any individual requesting a full criminal history on themselves only, may obtain the information two (2) different ways.

1. Come into our office (address below)
 - a. Must have picture ID, or social security card or birth certificate.
 - b. \$10.00 cash or money order.
2. Request by mail – please submit the following:
 - a. This form “full criminal history information.”
 - b. A complete set of fingerprints taken by a law enforcement agency.
 - c. \$10.00 certified check or money order to State of Indiana **(NO PERSONAL CHECKS)**.

WARNING

PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 5-2-5-5: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

PRINT Name of Requester

Signature of Requester

Date

“NO” personal checks - **money orders only** - make payable to the **STATE OF INDIANA**.
Cash will be accepted only if request is in person.

Mail request to:

Indiana State Police, Central Repository
100 North Senate Avenue, Room N302
Indianapolis, Indiana 46204-2259